

**State of Iowa**  
**Department of Public Health**  
Mary Mincer Hansen, Director

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**2004 Legislative Package**

*Promoting and Protecting the Health of Iowans*

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# **IDPH OMNIBUS BILL 2004**

## **Section-By-Section Summary**

### **Section 1**

**SHORT TITLE:** Acceptance of Gifts/Grants

**SUMMARY:** Several state agencies have the legal authority to accept gifts and grants from any source. IDPH does not currently have this authority. In these challenging budget times, the department seeks the statutory authority to have more flexibility and exercise more creativity in obtaining funding to support and advance public health programs and initiatives for all Iowans.

### **Section 2**

**SHORT TITLE:** Childhood Lead Poisoning Grant Parity

**SUMMARY:** This year, the Centers for Disease Control and Prevention changed the requirements for the Childhood Lead Poisoning Grant to allow the funds to be used only for the 10 largest programs in Iowa. The CDC funds also do not require a matching requirement to obtain the funds. Previously, counties were receiving an equal share of federal, state, and other funds. Now, smaller areas must be funded mostly with state funds, which by statute requires a 1:1 match. This match is particularly difficult for smaller rural areas to meet compared to urban areas. As a result, this year two fewer counties offered childhood lead poisoning prevention services, and more counties will drop the program next year if the match is not changed.

This provision would correct this matching inequity so that small rural counties would not have to come up with a greater match than large urban counties. To level the playing field, this provision creates a matching requirement of one dollar of local funds for every three dollars of grant funds, regardless of the funding source. In addition, the department is asking specific authorization to use federal, state, or other funds to contract with a public health laboratory to purchase laboratory services with no matching requirement. The department can negotiate a better price by contracting on behalf of all local health departments than if each local health department contracted individually with the public health laboratory.

### **Section 3**

**SHORT TITLE:** Employment Protection for Persons Isolated or Quarantined

**SUMMARY:** The department and local boards of health currently have the legal authority to impose and enforce quarantine. In the event the department would need to issue orders for isolation or quarantine to control the spread of a disease subject to quarantine (such as SARS or smallpox), compliance with such orders may be crucial in containing the outbreak. The department believes that persons would be much more likely to comply with an isolation or quarantine order if they were assured that they would not be discharged or otherwise discriminated against at their place of employment due to their compliance with the order. The department is therefore seeking legal protection for persons who comply with quarantine or isolation orders issued by the department or a local board of health to prevent such persons from being discharged or otherwise discriminated against at their workplace due to their compliance.

## **Section 4**

**SHORT TITLE:** Technical change to Communicable Disease Definition

**SUMMARY:** At the request of the Iowa Civil Liberties Union, the department is seeking to change the definition of quarantine to clarify that the department and local boards of health would impose a quarantine only if a person has been exposed to a disease subject to quarantine (a disease designated by department rule as presenting a risk of serious harm to public health and which may require quarantine to prevent its spread), and not merely for exposure to a communicable disease (which broadly includes any disease spread from person to person or animal to person and hence includes such conditions as the common cold).

## **Section 5**

**SHORT TITLE:** Postgraduate Training Requirement for International Medical Graduates

**SUMMARY:** Medical education around the world meets no uniform standards. The board of medical examiners is not equipped to evaluate each medical school's curriculum and facilities. To date the board has relied on the testing standards of the educational commission for foreign medical graduates and the U.S. examination system. The board is now aware of a growing number of Internet schools where most education is over the Internet and little classroom or onsite education is required. Graduates of these schools are now beginning to enter postgraduate training programs in Iowa and it's not clear if these individuals are qualified to practice with a permanent license after one year of postgraduate training.

Iowa is one of only four states that grants a permanent license to an international medical graduate who has completed one year of postgraduate training in the U.S. or Canada; all other states require two or three years of such training for international medical graduates. Last fiscal year, 144 (27%) of Iowa's new licenses were international medical graduates and 13 (9%) had only one year of postgraduate training in the U.S. or Canada. Iowa needs to join the ranks of the other states because it cannot evaluate international medical schools and more postgraduate training would provide greater certainty that one of their graduates is qualified to practice with a permanent license.

Implementation in 2006 would give two year's notice for anyone who does not meet the requirement to get licensed in Iowa under the current system.

## **Section 6**

**SHORT TITLE:** Nurses executing the prescribed regimen

**SUMMARY:** Nurses currently executes the regimen prescribed by advanced registered nurse practitioners (nurse practitioner) and physician assistants. This provision just clarifies and codifies this practice.

## **Section 7**

**SHORT TITLE:** Conforming Changes to Hearing Aid Code Section

**SUMMARY:** Currently, Iowa Code chapter 147.7 requires the posting of a license in the primary location of practice. This amendment changes the hearing aid dispenser provisions to conform with that current statute. The amendment also clarifies that the holder of a license has the right to practice as a hearing aid dispenser, consistent with the scope of practice as defined in Iowa Code chapter 154A.

## **Section 8**

**SHORT TITLE:** Extension of Nursing Home Administrator Provisional Appointment

**SUMMARY:** This amendment extends from six months to one year the time for the appointment of a nursing home administrator in the event that a nursing home is without a licensed administrator.

Shortages of nursing home administrators are part of a national trend that is being reviewed by the National Association of Boards of Examiners in Long Term Care (NAB). Individuals and groups within Iowa have been reviewing the reasons for the shortages, and developing possible solutions. Senate Resolution 30 was adopted in the 2003 legislative session, and directs the Board of Examiners for Nursing Home Administrators to make recommendations for addressing the shortage. In accordance with SR 30, and as an initial step, the board has reviewed the status of provisional administrators in Iowa and is recommending this amendment.

The current limitation of six months often does not provide sufficient time for a provisional administrator to complete the coursework requirements, which results in further turnover within the facility. This turnover may also contribute to the overall shortage of administrators within Iowa. The board has determined that the extension of the provisional administrator license to one year will provide protection to the public while allowing persons who hold a baccalaureate degree to complete the required coursework for licensure.

## **Section 9**

**SHORT TITLE:** Civil Penalties for Unlicensed Funeral Directors or Funeral or Cremation Establishments

**SUMMARY:** The Iowa Board of Mortuary Science Examiners frequently acquires information concerning the unlicensed practice of funeral directors and funeral and cremation establishments. The board presently has no authority to regulate or levy civil penalties against unlicensed persons and establishments that are providing services that require a license. This bill enables the board to impose a civil penalty of up to \$1,000 for each violation of chapter 156 by an unlicensed person or establishment.

The department believes that the ability of the board to impose civil penalties is important to ensure that the state of Iowa is served by licensed professionals and establishments that are adequately trained in the mortuary sciences.

## **Section 10**

### **SHORT TITLE:** Recouping Licensing Boards Hearing Costs

**SUMMARY:** Licensing boards conduct disciplinary hearings in cases where licensees are accused of violating their respective practice acts, providing incompetent or substandard care, or violating ethical standards. The length, cost, and number of disciplinary hearings conducted varies each year, but hearing costs are a substantial portion of each boards compliance budget. Costs for hearings include expert witnesses, consultants, peer reviews, board member per diem, attorney general fees, and administrative law judge costs. This provision will allow boards to recover some of these costs when they determine it is appropriate. This will help to shift the costs of compliance to those responsible for violating state law.

## **IDPH BUREAU OF PROFESSIONAL LICENSURE MODERNIZATION PROJECT**

The Iowa Bureau of Professional Licensure is located within the Iowa Department of Public Health. The bureau provides administrative support for 18 licensure boards regulating more than 30 professions. Board members take seriously their charge to protect the public by assuring that only qualified individuals are issued a license and by imposing discipline in the event that poor practice by a licensee is substantiated.

Currently, an outdated patchwork of mainframe programs that are almost two decades old are used to issue licenses and store current licensee data. The disciplinary process is tracked and stored using a paper format. Both of these processes, which are integral to assuring that an adequate number of well-qualified professionals are available to provide services to the public, require extensive manual intervention. The current system does not adequately serve the needs of licensees and slows the process of serving and protecting the public.

This legislation would authorize the boards to increase fees and provides that 90 percent of any increase in fees be appropriated back to the bureau for infrastructure development. The retained portion of the fee increase will help bring in needed revenue to the boards during this tight budget time and help them improve their efficiency and effectiveness in providing services to the licensees and protecting the health and safety of the public. The boards have indicated support for efforts that ensure the fees are returned to the bureau to improve services.

### **COSMETOLOGY BILL**

Attached are proposed changes to Iowa Code chapter 157, Cosmetology. This bill is similar to HSB 283 from the 2003 session. However, this version has language agreed upon between the Iowa Department of Public Health, Bureau of Professional Licensure, and certain interested stakeholders.

The Board of Cosmetology is requesting that Iowa Code chapter 157 be updated. The practice of cosmetology has changed since the original law was enacted. There are more expanded services offered in salons and spas today. The board feels revisions to the cosmetology chapter are needed to include these new practices and techniques. The revisions will allow the board to better regulate the new practices, and provide licensees with a clearer understanding of what the practice of cosmetology arts and sciences is today.

The board's intention is not to have licensees under chapter 157 practice beyond their scope, but rather to establish criteria for safe practice that would best protect the public. These revisions will provide an avenue to regulate those licensees who do not practice in accordance with the proposed new language.